BEST AVAILABLE COPY														
									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								RD	09894660					
_	Effective October 1, 2000									78		766		
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)									SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			54				1	RATE FEE		] .	RATE	FEE		
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE 355.00		OR	Basic Fee	710.00		
TOTAL CHARGEABLE CLAIMS			54 minus 20=			34		X\$ 9=		OR	X\$18=	612		
INDEPENDENT CLAIMS			9 minus 3 = '		٠	6		X40=		OR	XBO=	1180		
MULTIPLE DEPENDENT CLAIM PI			RESENT					105			070	90		
* If the difference in column 1 is				less than zero, enter "0" in coli			olumn 2	' [	+135=		OR	+270=		
				•					TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								_	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIA REMAIN AFTE AMENDA	iiNG R		HIGH NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	· 54	L	Minus	PAID " 5	4	:	Et	X\$ 9=	FEE	OR	X\$18=	FEE	
	Independent	. 9		Minus	•••	9			X40=		OR	X80=		
FIRST PRESENTATION OF M			OF MIL	ULTIPLE DEPENDENT CLAIM				lt	+135=		OR	+270=		
108								L	TOTAL		00	TOTAL		
(Column 1) (Column 2) (Column 3)									DOIT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIN REMAIN AFTE AMENDI	IING R		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· (0		Minus	• 5	54	= '/		X\$ 9=		OR	X\$18=	126	
	Independent	- / (	)	Minus	···	9	- /		X40=	-	OR	X80=	88	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								' [	+135=		OR	+270=		
								L	TOTAL		L	TOTAL		
ADDIT, FEEOH ADIT, FEEOH ADDIT, FEEOH ADDIT, FEEOH ADDIT, FEEOH														
AMENDMENT C		CLAIM REMAIN AFTEI AMENDM	is ING A		HIGH NUM PREVIO	EST BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	•		Minus	••		=	<b> </b>	X\$ 9=			X\$18=	FEE	
	Independent	•		Minus	***		*	╽┞			OR			
2	FIRST PRESE	NTATION	ILTIPLE DEPENDENT		CLAIM		<b> </b> -	X40=		OR	X80=			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
••	if the entry in colur If the "Highest Nur If the "Highest Nur	mber Previo	usły Pa	id For IN THE	S SPACE IS	less than	20, enter 720.	AE	TOTAL DOIT, FEE		OR ,	TOTAL ODIT. FEE		
	The 'Highest Num							r foun	d in the app	ropriate box	in coh	⊿mn 1.	1	

FORM PTO-875 (Rev. 8/00)